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EFFECT OF TIMING OF CHRONIC PREOPERATIVE ASPIRIN DISCONTINUATION ON MORBIDITY AND MORTALITY IN CORONARY ARTERY BYPASS WITH VALVE SURGERY

ACC Poster Contributions
Ernest N. Morial Convention Center, Hall F
Sunday, April 03, 2011, 3:30 p.m.-4:45 p.m.

Session Title: Coronary Artery Bypass/Innovative Techniques
Abstract Category: 7. Coronary Artery Bypass Surgery/Innovative Techniques
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Background: Aspirin (ASA) has been shown to reduce postoperative CABG mortality and ischemic events. There are no data on the time of ASA discontinuation and its effect on CABG with valve surgery and bleeding complications.

Methods and Results: Between January 1, 2002, and January 31, 2008, 1963 patients undergoing non-urgent CABG plus valve surgery at CCF were on preoperative ASA. 1404 (72%) discontinued ASA greater than 5 days prior to surgery (early discontinuation) and 559 (28%) continued ASA within 5 days of surgery (late use). Propensity score analysis and matching were employed for fair comparison of outcomes. There was no difference with regards to the composite outcome of in-hospital mortality, myocardial infarction (MI), and stroke (5.3 % in both groups). There was similar use of intraoperative red blood cell (RBC) transfusions, 45% in the early discontinuation vs. 43% in the late use group (p=0.4). More patients in the late use group received postoperative transfusions (49% vs. 42%, p=0.02). There was a trend toward increased reoperation for bleeding (31 (6.1%) vs. 19 (3.7%), p = 0.08) in the late use group.

Conclusions: Among patients undergoing CABG with valve surgery, there was no difference in outcomes with regards to timing of ASA discontinuation except for increased use of postoperative RBC transfusion and a trend toward increased reoperation for bleeding in the late ASA group. Late preoperative use of ASA in CABG with valve surgery must be weighed against increased risk of bleeding.